

DUE DATE:

TRANSCRIPT ORDER

Read Instructions on Back:

1. NAME Mary Sue Feldmeier		2. PHONE NUMBER (520) 620-7300		3. DATE 7/12/2017	
4. FIRM NAME USAO					
5. MAILING ADDRESS 405 W. Congress Ste 4800			6. CITY Tucson		7. STATE AZ
			8. ZIP CODE 85701		
9. CASE NUMBER CR 11-00342-TUC		10. JUDGE Cindy K. Jorgenson		DATES OF PROCEEDINGS	
				11. 7/15/2011	
13. CASE NAME U.S. v. Joseph Norris		LOCATION OF PROCEEDINGS			
		14. Tucson			
		15. STATE Arizona			
16. ORDER FOR					
<input type="checkbox"/> APPEAL		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> OTHER (Specify)	

17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)

PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input type="checkbox"/> PRE-TRIAL PROCEEDING	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)			
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)	
<input checked="" type="checkbox"/> SENTENCING	7/15/2011		
<input type="checkbox"/> BAIL HEARING			

18. ORDER

CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (check all that apply)	ESTIMATED COSTS
30 DAYS	<input checked="" type="checkbox"/>	<input type="checkbox"/>		PAPER COPY <input type="checkbox"/> E-MAIL <input checked="" type="checkbox"/> DISK <input type="checkbox"/> PDF FORMAT <input type="checkbox"/> ASCII FORMAT <input type="checkbox"/>	
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
7 DAYS	<input type="checkbox"/>	<input type="checkbox"/>			
DAILY	<input type="checkbox"/>	<input type="checkbox"/>			
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>			
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			

CERTIFICATION (19. & 20.)

By signing below, I certify that I will pay all charges
(deposit plus additional).

E-MAIL ADDRESS

mary.sue.feldmeier@usdoj.gov/terri.mcmillan@usdoj.gov

19. SIGNATURE

s/Mary Sue Feldmeier

20. DATE 7/12/2017

**NOTE: IF ORDERING BOTH PAPER AND
ELECTRONIC COPIES, THERE WILL BE AN
ADDITIONAL CHARGE.**

TRANSCRIPT TO BE PREPARED BY			ESTIMATE TOTAL	0.00
ORDER RECEIVED	DATE	BY	PROCESSED BY	PHONE NUMBER
DEPOSIT PAID			DEPOSIT PAID	
TRANSCRIPT ORDERED			TOTAL CHARGES	0.00
TRANSCRIPT RECEIVED			LESS DEPOSIT	0.00
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT			TOTAL DUE	0.00

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ORDER RECEIPT

ORDER COPY